

TRANSMITTAL SLIP		DATE
TO: Ch/D/I		6/5
ROOM NO.	BUILDING	
REMARKS: <div style="text-align: center;">HAR</div> Return D/I RP		
FROM: OAD/KR		
ROOM NO.	BUILDING	EXTENSION

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)